

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
Application for 7 Month Extension of Time to File

IMPORTANT: YOU MAY BE ELIGIBLE FOR AN AUTOMATIC 7-MONTH EXTENSION OF TIME TO FILE YOUR NEW HAMPSHIRE BUSINESS ENTERPRISE TAX AND BUSINESS PROFITS TAX RETURNS WITHOUT FILING AN APPLICATION.

If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. **Please note that an extension of time to file your returns is not an extension of time to pay the tax.**

WHEN TO USE THIS FORM: If you need to make an additional payment in order to have paid 100% of the tax determined to be due, then you must submit this form with payment by the original due date in order to be granted an extension of time to file your returns.

WHEN TO FILE: This form must be postmarked on or before the original due date of the returns.

REASONS FOR DENIAL: Applications for extension will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked **after** the due date for filing the return, or if the payment for the balance due shown on line 5 below did not accompany this application.

WHERE TO FILE: Document Processing Division, 61 South Spring Street, PO Box 637, Concord, NH 03302-0637.

NEED HELP? Call the New Hampshire Department of Revenue Administration, Taxpayer Assistance Office, at (603)271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

PLEASE PRINT OR TYPE	PROPRIETORSHIP – LAST NAME	FIRST NAME & INITIAL	PROPRIETOR'S SOCIAL SECURITY NUMBER
	PROPRIETORSHIP – SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ – _____ – _____
	CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		_____ – _____ – _____
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL IDENTIFICATION NUMBER (Corporation, Partnership, Fiduciary, Principal NH Business Organization & Non-Profit)

For the CALENDAR year **1997** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

★ **ENTITY TYPE** Check one of the following:

- ☐ Proprietorship ☐ Corporation/Combined Group ☐ Partnership ☐ Fiduciary ☐ Non-Profit Organization
① ② ③ ④ ⑤

★ **TAX PAYMENT SCHEDULE**

1	Enter 100% of the Business Enterprise Tax determined to be due	1		
2	Enter 100% of the Business Profits Tax (net of BET credit) determined to be due	2		
3	Subtotal (Line 1 plus line 2)	3		
4	LESS: Credit carried over from prior year and payments of estimated tax	4		
5	BALANCE DUE: Make check payable to: State of New Hampshire.....	5		

(IF NEGATIVE OR ZERO, YOU ARE NOT REQUIRED TO FILE THIS APPLICATION)

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

★ **SIGNATURE** _____ **DATE** _____

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

BT-EXT

GENERAL INSTRUCTIONS FOR FILING THE BUSINESS TAX RETURNS

WHEN TO FILE	<p>Calendar Year: If the business organization files its federal return on a calendar year basis, then the BET return and the BPT return are due and must be postmarked NO LATER than the date indicated on the BPT return.</p> <p>Fiscal Year: If the business organization files its federal return on a fiscal year basis, then the business organization must file the BET return and/or the BPT return based on the same taxable period. The corporate returns are due and must be postmarked NO LATER than the 15th day of the third month following the close of the fiscal year.</p> <p>For Non-Profit Organizations: The returns are due and MUST be postmarked NO LATER than the 15th day of the fifth month following the close of the fiscal year.</p>								
EXTENSION TO FILE	<p>New Hampshire no longer requires a taxpayer to file an application for an automatic 7-month extension of time to file provided that the taxpayer has paid 100% of both the Business Enterprise Tax and the Business Profits Tax determined to be due by the original due date of the returns.</p> <p>If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you must file a "Payment Voucher and Extension Application For Business Tax Returns", Form BT-EXT. This application and payment must be postmarked on or before the original due date of the returns. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties. You are not required to attach a copy of your federal extension to your NH returns.</p>								
WHERE TO FILE	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">NH DEPT REVENUE ADMINISTRATION</p> <p>Mail To: Document Processing Division</p> <p>PO Box 637, Concord, NH 03302-0637</p> </div> <div style="width: 35%; text-align: center;"> <p>FAX RETURNS ARE NOT ACCEPTED</p> </div> </div>								
IDENTICAL FILING ENTITY	<p>The return filed for the Business Enterprise Tax MUST reflect the identical business entity reported for Business Profits Tax purposes. There are separate booklets for corporate, combined group, partnership, proprietorship and fiduciary returns. Non-profit organizations and limited liability companies shall file using the form which correspond to their entity structure.</p>								
SEPARATE FILING THRESHOLDS	<p>There are different filing criteria for the Business Enterprise Tax and the Business Profits Tax. You must determine whether or not you are required to file for each tax independent of your filing requirement for the other tax. IF YOU ARE REQUIRED TO FILE EITHER TAX, THEN YOU MUST FILE A BUSINESS TAX SUMMARY. THE BUSINESS TAX SUMMARY VERIFIES AND UPDATES BOTH THE BUSINESS ENTERPRISE TAX AND/OR THE BUSINESS PROFITS TAX. FAILURE TO FILE A BUSINESS TAX SUMMARY WILL CONSTITUTE AN INCOMPLETE FILING OF THE BUSINESS TAX RECORDS.</p>								
WHO MUST FILE A BET RETURN	<p>Every profit or non-profit enterprise or organization engaged in or carrying on any business activity within NH which meets the following criteria must file a Business Enterprise Tax return:</p> <p style="text-align: center;">Gross Business Receipts in excess of \$100,000 or Enterprise Value Tax Base in excess of \$50,000</p> <p>If your gross receipts total in excess of \$100,000, then you are required to file a BET return.</p> <p>If your gross receipts are \$100,000 or less, use the following worksheet to determine if your enterprise value tax base is greater than \$50,000:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1. Total compensation paid or accrued:</td> <td style="width: 40%;">1. \$ _____</td> </tr> <tr> <td>2. Total interest paid or accrued:</td> <td>2. \$ _____</td> </tr> <tr> <td>3. Total dividends paid:</td> <td>3. \$ _____</td> </tr> <tr> <td>4. Sum of lines 1, 2 and 3:</td> <td>4. \$ _____</td> </tr> </table> <p>If line 4 is greater than \$50,000, you are required to file a BET return.</p> <p>Section 501(c)(3) non-profit organizations are not required to file to the extent they do not engage in any unrelated business activity under section 513 of the IRC.</p>	1. Total compensation paid or accrued:	1. \$ _____	2. Total interest paid or accrued:	2. \$ _____	3. Total dividends paid:	3. \$ _____	4. Sum of lines 1, 2 and 3:	4. \$ _____
1. Total compensation paid or accrued:	1. \$ _____								
2. Total interest paid or accrued:	2. \$ _____								
3. Total dividends paid:	3. \$ _____								
4. Sum of lines 1, 2 and 3:	4. \$ _____								
WHO MUST FILE A BPT RETURN	<p>All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowner's associations must file a Business Profits Tax return provided they are carrying on business activity within New Hampshire and their gross business income from everywhere is in excess of \$50,000.</p> <p>"Gross business income" means all income for federal income tax purposes from whatever source derived including: total sales, total rents, gross proceeds from the sale of assets, etc., before deducting any costs or expenses. Even if there is no profit, a return must be filed when the gross business income exceeds \$50,000.</p> <p>For Fiduciary Filers: Income from Grantor Trusts (Section 671 of the US Internal Revenue Code) shall be included in the Business Profits Tax return of the owner(s).</p>								

S-CORP FILERS	New Hampshire treats subchapter "S" corporations as if they were "C" corporations. All S-corporations are required to complete Form DP-120. Returns filed without a DP-120 will be incomplete and may be returned to the taxpayer. S-corporations who make actual distributions to New Hampshire resident shareholders are required to file Form DP-9 separately from the return.
ESTIMATED BPT & BET DUE FOR 1998	Every entity required to file a Business Profits Tax return and/or a Business Enterprise Tax return must also make estimated Business Tax payments for its subsequent taxable period, unless the ANNUAL estimated tax for the subsequent taxable period is less than \$200. However, if at the end of any quarter the estimated tax for the year exceeds \$200 an estimated tax payment must be filed. The estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax for exceptions and penalties for noncompliance.
NEED HELP OR FORMS	Call the Taxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 - 4:00. All written correspondence to the department should include the taxpayer name, federal identification number or social security number, the name of a contact person and a daytime telephone number. To obtain additional forms or forms not contained in this booklet, please call (603) 271-2192. Copies of the State tax forms may also be obtained from many public libraries located throughout the state.
TDD ACCESS	Hearing or speech impaired individuals may call: TDD Access: Relay NH 1-800-735-2964.
ATTACH FEDERAL SCHEDULES/ FORMS	A Business Profits Tax return must be accompanied by a complete and legible copy of the federal income tax return or other appropriate federal forms, consolidating schedules and supporting schedules. The corporate return must have the federal form 1120, pages 1, 2, 3 and 4 and all schedules. The proprietorship return must have federal schedules C, E, F, 4797 and 6252, if applicable. The partnership return must have the federal form 1065 and applicable schedules. The fiduciary return must have the federal form 1041 pages 1, 2, 3, and 4, and applicable schedules. Failure to attach all federal schedules as required shall be deemed a failure to file New Hampshire returns and will subject the taxpayer to penalties.
CONFIDENTIAL INFORMATION	Tax information which is disclosed to the New Hampshire Department of Revenue Administration, either on returns or through Department investigation, is held in strict confidence by law. The Department of Revenue Administration, the US Internal Revenue Service and other states have agreements under which tax information is exchanged. This exchange of information is to verify the accuracy and consistency of information reported on federal, state and New Hampshire tax returns.
AMENDED RETURNS	<p>If you discover an error was made on your BET and/or BPT return(s) after they were filed, amended returns should be promptly filed by completing a corrected Form BT-SUMMARY and the appropriate BET and/or BPT returns. You should check the "AMENDED" block in STEP 2 on the Business Tax Summary. For changes made by the Internal Revenue Service, please see STEP 2 on the Business Tax Summary.</p> <p>If you need to amend prior year BET and/or BPT return(s), then please call the department for the correct form. The telephone number for forms only is (603) 271-2192. You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions.</p> <p>AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE RETURN.</p>
REFERENCES TO FEDERAL FORMS	All references to federal tax forms and form lines are based on draft forms available at the time the state forms were printed. If the federal line number and description do not match, follow the line description or contact the department.
ROUNDING OFF	Money items on all Business Enterprise Tax and Business Profits Tax forms may be rounded off to the nearest whole dollar.
FILING SEQUENCE	Please file the applicable schedules in the following order sequence: BT-Summary, BET, BET-80, BPT return (NH-1120, NH-1065, NH-1040, or NH-1041) DP-80, DP 2210/2220, DP-132, DP-160, DP-120 and then the appropriate federal pages.

FORM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BT-SUMMARY

BUSINESS TAX SUMMARY 1997

For the CALENDAR year **1997** or other tax year beginning and ending
 Mo Day Year Mo Day Year

SEQUENCE # 1

STEP 1 Please Print or Type	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
	CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER
	CITY OR TOWN, STATE AND ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)

STEP 2 Return Type, Federal Information and Filing Requirement	ARE YOU REQUIRED TO FILE A BET RETURN: YES _____ NO _____		If you checked yes, please make sure the complete return is attached to the BT-Summary.
	ARE YOU REQUIRED TO FILE A BPT RETURN: YES _____ NO _____		
	<input type="checkbox"/> ② CORPORATION <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ① PROPRIETORSHIP <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> ② COMBINED GROUP <input type="checkbox"/> ⑤ NON-PROFIT <input type="checkbox"/> ④ FIDUCIARY <input type="checkbox"/> FINAL RETURN		

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to NH. Enter years covered by IRS _____ Submit changes under a separate cover.

STEP 3	PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY.			
STEP 4 Figure Your Balance Due or Overpayment	1 (a) Business Enterprise Tax Net of Statutory Credit	1 (a)		
	(b) Business Profits Tax Net of Statutory Credits	1 (b)		1
	2 PAYMENTS:			
	(a) Tax paid with application for extension	2 (a)		
	(b) Payments from 1997 estimated taxes	2 (b)		
	(c) Payments carried over from prior year	2 (c)		
	(d) Payments with original return (Amended returns only)	2 (d)		2
	3 TAX DUE (Line 1 less line 2)			3
	4 ADDITIONS TO TAX:			
	(a) Interest (See instructions)	4 (a)		
	(b) Failure to Pay (See instructions)	4 (b)		
	(c) Failure to File (See instructions)	4 (c)		
	(d) Underpayment of Estimated Tax (See instructions)	4 (d)		4
	5 (a) Subtotal of Amount Due (Line 3 plus line 4)	5 (a)		
	5 (b) Payment made by EFT (See instructions)	5 (b)		
5 BALANCE DUE Make checks payable to: State of New Hampshire. Enclose, but do not staple or tape your payment with this return.			5	
6 OVERPAYMENT (Line 2 plus line 5 (b) less line 1, adjusted by line 4, if applicable)	6			
7 Apply overpayment amount of line 6 to: (a) The 1998 tax liability			7 (a)	
(b) Refund - Please allow 12 weeks for processing			7 (b)	
THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.				

STEP 5 Signature(s)	Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.	
	Signature	Signature of Paid Preparer Other Than Taxpayer
	Title and Date	Preparer's Identification Number Date
	Spouse's Signature and Date (PROPRIETORSHIP ONLY)	Preparer's Address
	MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD, NH 03302-0637	City or Town, State and Zip Code

BT-SUMMARY

FORM**BT-SUMMARY****Instructions****BUSINESS TAX SUMMARY
LINE-BY-LINE INSTRUCTIONS**

STEP 1 Name, Address, Social Security or Federal Identification Number	<p>At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997.</p> <p>If you have received a booklet of tax forms and instructions with a pre-addressed label, remove it from the booklet cover and place it in the space provided. If no label was provided, please PRINT the taxpayer's name, address, social security number or federal identification number, and principal business activity code in the spaces provided.</p> <p>Enter spouse's name, social security number and principal business activity code in the spaces provided for separate proprietorship only. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.</p>
STEP 2 Return Type, Federal Information and Filing Requirement	<p>Please indicate whether or not you are required to file the Business Enterprise Tax return and Business Profits Tax return. If you are not required to file either the Business Enterprise Tax or Business Profits Tax do not submit the returns or the BT-Summary. Failure to answer questions in step 2 will result in inquiries from the department, which may generate late filing penalties.</p> <p>Check the entity type which corresponds to your organizational structure.</p> <p>Check the AMENDED RETURN box if this is the second (or additional) Business Tax Summary that has been filed for any ONE tax year. Check the FINAL RETURN box only when the business organization has ceased to exist.</p> <p>Check the box if the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire. Enter the tax years examined by the IRS on the line provided.</p> <p>To report IRS adjustments, you must submit the appropriate Form DP-87 under separate cover. To obtain the correct form please call (603) 271-2192.</p>
STEP 3	PLEASE COMPLETE THE BET AND/OR BPT RETURNS AND THEN BUSINESS TAX SUMMARY.
STEP 4 Figure Your Balance Due or Overpayment	<p>Line 1(a) Enter the amount of your Business Enterprise Tax balance due net of statutory credits.</p> <p>Line 1(b) Enter the amount of your Business Profits Tax balance due net of statutory credits.</p> <p>Line 1 Enter the sum of lines 1(a) and 1(b)</p> <p>Line 2(a) Enter the amount paid with application for extension(s), Form BT-EXT. Include extension payments made by Electronic Funds Transfer.</p> <p>Line 2(b) Enter estimated payments to be applied to this year. Include estimate payments made by Electronic Funds Transfer.</p> <p>Line 2(c) Enter the prior year overpayment which was carried forward to this tax year.</p> <p>Line 2(d) When filing an AMENDED RETURN, enter the amount of payment remitted with the original Business Tax Summary.</p> <p>Line 2 Enter the total of lines 2(a) through 2(d).</p> <p>Line 3 Enter the amount of line 1 less line 2. Show a negative amount with brackets, e.g., (\$50).</p> <p>Line 4 Additions to tax are calculated on the individual taxes. Please complete the following calculations to determine the amount due if applicable for each line.</p> <p>Line 4(a) Interest is calculated on the balance of tax due from the original due date to the date paid at 11% per year. (Tax due x number of days from the due date to date tax was paid x .0003).</p> <p>_____ x _____ x .0003 = _____ Enter on line 4 (a). Tax Due (line 3) Number of days Interest due</p>

FORM

BT-SUMMARY

Instructions

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 4 (continued)	<p>Line 4(b) A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay when due and the failure to pay is due to willful neglect or intentional disregard of the law but without intent to defraud. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.</p> <p>Line 4(c) A taxpayer failing to timely file a complete return will be subject to a penalty equal to 5% of the tax due or \$10, whichever is greater, for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or \$50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return has been filed.</p> <p>Line 4(d) If line 1 (a) or 1(b) is more than \$200 you may have been required to file estimated business tax and/or business enterprise tax payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimate payments, complete and attach Form DP-2210/2220. Use only one Form DP 2210/2220 to calculate the underpayment of estimated taxes for both the Business Enterprise and Business Profits Taxes. Form DP-2210/2220 may be obtained by calling (603) 271-2192.</p> <p>Line 4 Enter the total of lines 4(a) through 4(d).</p> <p>Line 5(a) Enter the tax due (Line 3) plus the sum of interest and penalties (Line 4).</p> <p>Line 5(b) Enter the amount of payment made by Electronic Funds Transfer for this return only. Any extension or estimate payments made by Electronic Funds Transfer should be included on lines 2(a) and 2(b) respectively.</p> <p>Line 5 Enter the amount of line 5(a) less line 5(b). This is the balance due .</p> <p>Make check or money order payable to: STATE OF NEW HAMPSHIRE. If less than \$1.00, do not pay, but still file the return. Please enclose, but do not staple or tape your payment with this return.</p> <p>To ensure the check is credited to the proper account, please put your federal identification number or social security number on the check.</p> <p>Line 6 If the total tax (Line 1) plus interest and penalties (Line 4) is less than the payments [(Line 2) plus line 5(b)] then you have overpaid. Enter the amount overpaid.</p> <p>Line 7 The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit toward next year's tax liability. Enter the desired credit on line 7(a). The remainder, which will be refunded, should be entered on line 7(b). If line 7(a) is not completed, the entire overpayment will be refunded. Please allow 12 weeks for processing your refund.</p>
STEP 5 Signature	<p>The return must be dated and signed by the taxpayer or authorized agent.</p> <p>If you are filing a joint return, then both you and your spouse must sign and date the return.</p> <p>If the return was completed by a paid preparer, then the preparer must also sign and date the return. The preparer must also enter their federal ID number and their complete address.</p>

FORM**BET-WE**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX RETURN FOR COMBINED GROUPS

SEQUENCE #2

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
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 and ending

Mo	Day	Year
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YOU ARE REQUIRED TO FILE THIS FORM IF THE GROSS RECEIPTS WERE GREATER THAN \$100,000 OR THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$50,000 FOR AT LEAST ONE NEXUS MEMBER OF THE COMBINED GROUP.

STEP 1 Please Print or Type Name	Name of Principal NH Business Organization	Federal Identification Number _____ - _____	
Complete Form BET-80-WE to determine the values for lines 1, 2 and 3. Form BET-80-WE may be obtained by calling (603) 271-2192.			
STEP 2 Compute the Enterprise Value Tax Base	1 Dividends Paid	1	
	2 Compensation and Wages Paid or Accrued	2	
	3 Interest Paid or Accrued	3	
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)		
STEP 3 Figure Your Tax	5 N.H. Business Enterprise Tax (Line 4 x .0025)		5
	6 RSA 162-L:8, Community Development Finance Authority Credit (See instructions)		6
	7 Business Enterprise Tax Net of Statutory Credit (Line 5 less line 6. IF NEGATIVE, ENTER 0.)		7

**ENTER THE AMOUNT FROM LINE 7 ONTO LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.
 IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.**

BUSINESS ENTERPRISE TAX RETURN FOR COMBINED GROUPS LINE-BY-LINE INSTRUCTIONS	
STEP 1 Name And Federal ID Number	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997. Please PRINT the principal NH business organization's name and federal identification number in the spaces provided.
BET Apportionment	Business Enterprise Tax Base Apportionment: Form BET-80-WE, BUSINESS ENTERPRISE TAX APPORTIONMENT FOR INDIVIDUAL NEXUS MEMBERS OF A COMBINED GROUP, must be completed in order to determine the values for lines 1, 2 and 3 of the Form BET-WE.
STEP 2 Compute the Enterprise Value Tax Base	Line 1 Enter the total amount from line 17 of the BET-80-WE Line 2 Enter the total amount from line 24 of the BET-80-WE. Line 3 Enter the total amount from line 29 of the BET-80-WE. Line 4 Enter the sum of lines 1, 2 and 3.
STEP 3 Figure Your Taxes	Line 5 Multiply line 4 by .0025. Line 6 Enter the amount of any Community Development Finance Authority Credit claimed pursuant to RSA 162:L:8. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or \$200,000 in any given tax year. If you also claim this credit on your BPT or other tax form the combined total shall not exceed \$200,000 in any given tax year. Line 7 Enter the total amount of line 5 less line 6. IF NEGATIVE, ENTER 0. NOTE: The allowable amount of Community Development Finance Authority Credit must be determined and applied on a separate entity basis for each nexus business enterprise.

BUSINESS ENTERPRISE TAX

QUICK CHECKLIST

- COMPENSATION -

“Compensation” means all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period on behalf of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under IRC 3401.

Compensation Subject to Tax

- Wages subject to federal income tax withholding.
- Contributions on behalf of employees to qualified pension, profit-sharing and stock bonus plans.
- Contributions on behalf of employees to annuity or deferred-payment plans.
- Fringe benefits provided to and included in gross income of employees for federal income tax purposes.
- Imputed interest on a below market compensation related loan between employer and employee.
- The “Compensation for Personal Services” deduction taken by a proprietor or a partner on the NHBPT return pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the NHBPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2401.14

Non-taxable Compensation

- Payment for independant contractors where no employer/employee relationship pursuant to Rev. 2401.11
- Payments in the form or for the following services:
 - Members of the armed forces
 - Ministers
 - Paper boys and girls under the age of 18
 - Volunteers of Peace Corps
 - Group term life insurance on the life of an employee
 - Moving expenses
 - Non-cash or cash tips to an employee if not deductible by the employer
 - Educational assistance
 - Scholarships
 - Medical reimbursements
- Health Insurance
- Taxpayer’s distributive share of net earnings from a trade or business conducted by another business enterprise.
- Self-employment income retained for use in enterprise but not deducted under RSA 77-A:4, III

- INTEREST -

“Interest” means all amounts paid or accrued for the use or forbearance of money or property.

Interest Subject to Tax

- Interest paid or accrued not reduced by interest income or other fee income and without regard to any federal deductibility limitation or federal capitalization requirements.
- Property transferred by a business enterprise not classified as interest, but the substance of the transaction indicates that the payment was made in lieu of interest

Non-taxable Interest

- Amount paid, credited or set aside in connection with reserves by insurers.
- Amount paid by VEBA's (Voluntary Employees' Benefit Association).

- DIVIDENDS -

“Dividends” means any distribution of money or property, other than the distribution of newly issued stock, to owners of the business enterprise with respect to their ownership interest in such enterprise from the accumulated revenues and profits of the enterprise.

Dividends Subject to Tax

- All property transferred from the accumulated profits of a business enterprise to an owner with respect to the owner’s ownership interest.
- All personal expenditures made by a business enterprise on behalf of an owner which have not been properly reported as compensation or loans for federal income tax purposes.
- Forgiveness of an owner’s indebtedness to the business enterprise, unless reported as compensation or interest to the individual and include in those elements of the EVTB (Enterprise Value Tax Base).
- Automatic re-investment of property distributed from accumulated profits into additional stock.

Non-taxable Dividends

- Amounts deducted under RSA 77-A:4, III for personal services of the proprietor or partner shall be considered an expense in determining net income from business activities (also see the compensation section).
- Distribution in liquidation or in complete redemption of an owner’s interest.
- Any deemed dividend election that may be made by members of an affiliated group.
- Pensions, profit-sharing, stock bonus plan.
- Cash or non-cash payments from VEBA’S (Voluntary Employees’ Beneficiary Association).
- Distribution of money or property from a common trust fund.
- Life insurance dividends.
- Payments of interest on deposits of depositors of a mutual bank or credit union.
- Distributions of money or property to or on behalf of beneficiaries of a trust.
- Patronage dividends.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX APPORTIONMENT FOR INDIVIDUAL NEXUS MEMBERS OF A COMBINED GROUP

For the CALENDAR year 1997 or other tax year beginning

Mo	Day	Year

 and ending

Mo	Day	Year

SECTION I APPORTIONMENT FACTORS		Name: FIN:	Name: FIN:	Name: FIN:	Name: FIN:	TOTALS
COMPENSA- TION AND WAGES FACTOR	1 NH Compensation and Wages Paid or Accrued	1				
	2 Everywhere Compensation	2				
	3 COMPENSATION FACTOR (Line 1 ÷ by line 2) Enter on line 21	3 ●	●	●	●	
INTEREST FACTOR	4 Average of NH Property	4				
	5 Average of Everywhere Property	5				
	6 INTEREST FACTOR (Line 4 ÷ by line 5) Enter on line 26	6 ●	●	●	●	
DIVIDEND FACTOR	7 NH Sales (See instructions)	7				
	8 Everywhere Sales (See instructions)	8				
	9 Sales Factor (Line 7 ÷ by line 8)	9 ●	●	●	●	
	10 Sub-total (Sum of lines 3,6 and 9)	10 ●	●	●	●	
	11 DIVIDEND FACTOR (see instructions) Enter on line 15	11 ●	●	●	●	
SECTION II BUSINESS ENTERPRISE TAX BASE APPORTIONMENT						
DIVIDEND APPORTION- MENT	12 Dividends Paid	12				Enter this amount on Form BET-WE, line 1: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	13 Less Dividend Deduction (See instructions)	13				
	14 Subtotal (Line 12 less line 13)	14				
	15 Dividend Apportionment Factor (From line 11)	15 ●	●	●	●	
	16 Taxable Dividends (Line 14 multiplied by line 15)	16				
	17 TOTAL TAXABLE DIVIDENDS (From line 16. If negative enter 0)	17				
COMPENSA- TION AND WAGES APPORTION- MENT	18 Everywhere Compensation Paid or Accrued	18				Enter this amount on Form BET-WE, line 2: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	19 LESS: Retained Compensation (See instructions)	19				
	20 Subtotal (Line 18 less line 19)	20				
	21 Compensation Apportionment Factor (From line 3)	21 ●	●	●	●	
	22 TAXABLE COMPENSATION (Line 20 multiplied by line 21)	22				
	23 LESS: Dividend Offset (See Instructions)	23				
INTEREST APPORTION- MENT	24 TOTAL TAXABLE COMPENSATION (Line 22 less line 23)	24				Enter this amount on Form BET-WE, line 3: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	25 Interest Paid or Accrued	25				
	26 Interest Apportionment Factor (From Line 6)	26 ●	●	●	●	
	27 Taxable Interest (Line 25 multiplied by line 26)	27				
	28 LESS: Dividend Offset (See instructions)	28				
	29 TOTAL TAXABLE INTEREST (Line 27 less line 28)	29				

	the business organization is subject to a business privilege tax, a net income tax based upon net income, or a capital stock tax in another state whether or not it is subject to such tax by the other state.
SPECIFIC APPORTIONMENT QUESTIONS	Questions regarding apportionment under the NH Business Enterprise Tax should be directed to the Hampshire Department of Revenue Administration, Audit Division, PO Box 457, Concord, NH 03302-0457. Telephone: (603) 271-3400. For hearing or speech impaired individuals, Relay NH 1-800-735-2964.
LINE-BY-LINE INSTRUCTIONS	
Enter the name and federal identification number of each nexus member at the top of each column. If additional information is needed attach a schedule using the same format. Complete lines 1 through 29 separately for each NH member in the combined group.	
SECTION I APPORTIONMENT FACTORS	
COMPENSATION AND WAGES FACTOR	
LINE 1 & 2	Enter on line 1 the "NH" compensation and wages paid or accrued. Enter on line 2 the "OTHER" compensation and wages paid or accrued. "Compensation and wages" includes: All wages, salaries, fees, bonuses, commissions or other payments paid or accrued, in the taxable period. This includes compensation on behalf of or for the benefit of officers or directors of the business enterprise and subject to or specifically exempt from withholding under section 3401 of the US Internal Revenue Code. Payments made expressly exempt from withholding under Sections 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19), and (20) of the US Internal Revenue Code should not be included in line 1 or 2.
LINE 3	Enter on line 3 the amount of line 1 divided by line 2. Express this amount as a decimal fraction.
INTEREST FACTOR	
LINES 4 & 5	Enter on line 4 the average value of beginning and ending "NH" real and tangible personal property owned and employed. Enter on line 5 the average value of beginning and ending "EVERYWHERE" real and tangible personal property owned and employed. Property includes all real and tangible personal property owned and employed by the business organization during the tax period in the regular course of the trade or business. Leasehold improvements are treated as property owned by the business enterprise. Real and tangible personal property which is rented or leased is NOT included in the Business Enterprise Tax interest factor. "Real and tangible personal property" includes land, buildings, improvements, equipment or manufacturing inventories, leasehold improvements and other similar property that is used in the organization's business activities. Property shall be included if it is actually used or is available for use during the tax period in the regular course of the trade or business of the organization. Property or equipment under construction during the tax period, except inventories, shall be excluded until such property is actually used or available for use by the business enterprise in its regular trade or business. Valuation of Owned Property: Property owned by the business organization must be valued at original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment or destruction. "Period" means the start of the tax period or when the assets are available for use. Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property. Where fluctuations in values exist during the period or when the property is acquired or disposed of during the period, a monthly average shall be used to prevent distortion.
LINE 6	Enter on line 6 the amount of line 4 divided by line 5. Express this amount as a decimal fraction.

	<ul style="list-style-type: none"> – sales, less returns and allowances, – interest, rents and royalties, – dividends which are not eligible for the dividend deduction under RSA 77-E:3, II and – capital gain income, – net gains or losses, and – other income unless the other income is properly included as a reduction of an expense
LINE 9	Enter on line 9 the amount of line 7 divided by line 8. Express this amount as a decimal to six
LINE 10	Enter on line 10 the sum of the lines 3, 6 and 9.
LINE 11	Enter on line 11 the amount of line 10 divided by three. Express this amount as a decimal to six. If there are only two "EVERYWHERE" factors, then divide by 2; if only one "EVERYWHERE" factor, divide by 1.
SECTION II BUSINESS ENTERPRISE TAX BASE APPORTIONMENT	
DIVIDEND APPORTIONMENT	
LINE 12	<p>Enter the amount of dividends paid. "Dividends" means any distribution of money or property to the owners of a business with ownership interest in such enterprise from accumulated revenues and profits of the enterprise. E:1, VI, the term "Dividends" does NOT include the following:</p> <ul style="list-style-type: none"> – Distributions of money or property to beneficiaries of a trust qualified under section 401 of the US Internal Revenue Code; – Cash or non-cash payments of life, sickness, accident or other benefits to members or their designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c) (9) of the US Internal Revenue Code; – Distributions of money or property to participants from any common trust fund as defined in section 584 of the US Internal Revenue Code; – Policyholder dividends as defined under section 808 of the US Internal Revenue Code; such dividends are not reduced pursuant to section 809 of the US Internal Revenue Code; – Payment of interest on deposits of depositors of a mutual bank or credit union; or – Distributions of money or property to or on behalf of beneficiaries of a trust which is exempt from taxation under section 641 or described in section 664 of the US Internal Revenue Code; this shall apply only to the extent that such trust limits its activities to personal investments which do not constitute business activities and those incidental to or in support of investment activities.
LINE 13	Enter the amount allowed for dividends received from members of an affiliated group of businesses as provided in RSA 77-E:3, II and III. Include only those dividends which have previously been included in the payor corporation's taxable business enterprise value tax base, subject to taxation under the Enterprise Tax Law.
LINE 14	Enter the amount of line 12 less line 13.
LINE 15	Enter the DIVIDEND FACTOR from line 11.
LINE 16	Enter the product of line 14 multiplied by line 15. If negative, show in brackets e.g. (\$50).
LINE 17	If line 16 is negative , enter 0 on line 17. If line 16 is positive, enter the same amount on line 17.

	or accrued in the taxable period. This includes compensation on behalf of or for the benefit of officers or directors of the business enterprise and subject to or specifically exempt from with section 3401 of the US Internal Revenue Code. Payments made expressly exempt from with Sections 3401 (a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US Internal Revenue Code should not be included in line 18.
LINE 19	Enter the amount of any net earnings from self-employment which are retained and used for the needs of the enterprise. See Rev 2403.01 for further clarification.
LINE 20	Enter the amount of line 18 less line 19.
LINE 21	Enter the COMPENSATION FACTOR from line 3.
LINE 22	Enter the product of line 20 multiplied by line 21.
LINE 23 and LINE 28	If line 16 is positive or 0, enter 0 on lines 23 and 28. If line 16 is negative, then this amount may be entered on line 23 to offset "TAXABLE COMPENSATION" or applied on line 28 to offset "TAXABLE INCOME". The amount entered on line 23 cannot exceed the amount on line 22. The amount entered on line 28 cannot exceed the amount on line 27. The sum of lines 23 and 28 cannot exceed the amount on line 16.
LINE 24	Enter the amount of line 22 less line 23.
INTEREST APPORTIONMENT	
LINE 25	Enter the amount of interest paid or accrued. Per RSA 77-E:1, XI, "interest" means all an amount accrued for the use or forbearance of money or property. The term "interest" shall not include amounts credited or set aside in connection with reserves by insurers to fulfill policy and contractual obligations to policy holders or by voluntary employees' beneficiary associations qualified under section 501(c)(3) of the Internal Revenue Code to fulfill obligations to members.
LINE 26	Enter the INTEREST FACTOR from line 6.
LINE 27	Enter the product of line 25 multiplied by line 26.
LINE 28	See instructions for line 23.
LINE 29	Enter the amount of line 27 less line 28.

TOTALS COLUMN

Sum line 17, for all nexus members of the combined group. Enter this amount on Form BET-WE, line 17.

Sum line 24, for all nexus members of the combined group. Enter this amount on Form BET-WE, line 24.

Sum line 29, for all nexus members of the combined group. Enter this amount on Form BET-WE, line 29.

FORM

NH-1120-WE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SEQUENCE #4

COMBINED BUSINESS PROFITS TAX RETURN

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year

 and ending

Mo	Day	Year

Due Date for CALENDAR year filers is on or before March 16, 1998 or the 15th day of the 3rd month after the close of the fiscal period.

YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.

STEP 1 Please Print or Type	NAME OF PRINCIPAL NH BUSINESS ORGANIZATION	FEDERAL IDENTIFICATION NUMBER
STEP 2 Questions	<p>A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? Yes _____ No _____</p> <p>B Does the corporation file as part of a unitary group in any other jurisdiction? Yes _____ No _____</p> <p>C Has the corporation been found to be unitary by any other jurisdiction? Yes _____ No _____</p> <p>D Is this corporation affiliated with any other business organization not included within this combined return that files business tax returns with this department? Yes _____ No _____</p>	
STEP 3 Figure Your Taxes	<p>1 Gross Business Profits</p> <p>(a) Combined Net Income from Schedule I, column E, line 28 1(a) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(If negative, show in brackets)..... 1(a)</p> <p>(b) Separate entity or passive loss limitation adjustments (See instructions).. 1(b) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(c) Subtotal (Line 1(a) adjusted by line 1(b). If negative, show in brackets) 1(c) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(See instructions regarding NOL carryforward and carryback provisions) 1(c)</p> <p>(d) Foreign Dividends (Must be the same amount as Schedule II, line 6 and the total of Column B on Schedule III.)..... 1(d) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(e) NH Combined Net Income (Line 1 (c) adjusted by line (d). If negative, show in brackets.) 1(e) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>2 Additions and Deductions</p> <p>(a) Add back income taxes or franchise taxes measured by income..... 2(a) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(b) "Safe Harbor" or other similar leases (RSA 77-A:4-a and Rev 303.01)..... 2(b) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(c) NH Net Operating Loss Deduction (Attach Form DP-132-WE)..... 2(c) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(d) Interest on direct US Obligations..... 2(d) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(e) Wage adjustment required by IRC Section 280C..... 2(e) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(f) Deductible dividends (See instructions)..... 2(f) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(g) Income exempt under federal constitutional law, net of related expenses..... 2(g) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(h) Distribution from joint venture or partnership subject to NH taxation..... 2(h) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(i) Foreign dividend gross-up (IRC Section 78)..... 2(i) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(j) Research contribution (See RSA 77-A:4 XII. Attach computation)..... 2(j) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(k) Contributions made to a Qualifying Venture Capital Fund..... 2(k) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(l) Add back return of capital from Qualifying Venture Capital Fund..... 2(l) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(m) Combine lines 2(a) through 2(l). (If negative, show in brackets.)..... 2(m) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>3 Adjusted Gross Business Profits Line 1(e) adjusted by line 2(m). If negative, show in brackets..... 3 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>4 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.)..... 4 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>5 New Hampshire Water's Edge Taxable Business Profits (Line 3 x line 4)..... 5 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>6 New Hampshire Foreign Dividends Taxable Business Profits (From Schedule II, line 7.)..... 6 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>7 New Hampshire Taxable Business Profits Tax (Line 5 plus line 6. If negative, enter 0)..... 7 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>8 New Hampshire Business Profits Tax (Line 7 x 7%) 8 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p>	
STEP 4 Figure Your Credits	<p>9 Credits allowed under RSA 77-A:5 as shown on Form DP-160-WE..... 9 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>10 Subtotal (Line 8 less line 9)..... 10 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>11 Business Enterprise Tax Credit (See instructions)..... 11 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>12 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of line 10 or line 11)..... 12 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>13 NH Business Profits Tax Net of Statutory Credits (Line 10 less line 12. IF NEGATIVE, ENTER 0.)..... 13 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p>	

**ENTER THE AMOUNT FROM LINE 13 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.
IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.**

This page must be completed in its entirety as part of the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev. 301.23, other members of the water's edge combined group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified Overseas Business Organizations as defined by RSA 77-A:1.

A.	Principal NH Business Organization	Federal ID Number
	Address	
B.	NH Business Activity	

For sections C, D, E, and F, in the nexus column please indicate with an X those members which have nexus with New Hampshire.

Attach additional sheets for the following, if necessary

C. Other members included in the water's edge combined group. Please check off those members who have nexus with NH.

	Name of Business Organization	Federal ID #	Nexus
1			
2			
3			
4			
5			
6			
7			
8			

D.	Parent Company of this combined group	Federal ID Number	Nexus

E. Name and Federal ID Numbers of the domestic affiliated business organizations who are excluded from the NH water's edge group as non-unitary members. Please check off those members who have nexus in NH.

	Name of Business Organization	Federal ID #	Nexus
1			
2			
3			
4			
5			
6			
7			
8			

F. Name, Location, and Federal ID number, if applicable, of the affiliates excluded from the group as qualified Overseas Business Organizations, as defined by RSA 77-A:1, XIX. Please check off those members who have nexus in NH.

	Name of Business Organization	Federal ID #	Nexus
1			
2			
3			
4			
5			
6			
7			
8			

G. Optional Information

Taxpayer Contact (Name and Title)

Telephone Number

FORM**NH-1120-WE**

Instructions

**BUSINESS PROFITS TAX RETURN
LINE-BY-LINE INSTRUCTIONS**

STEP 1 Name And Federal ID Number	<p>At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997.</p> <p>Please PRINT the principal NH business organization's name and federal identification number.</p>
STEP 2 Questions	<p>Line A Check "yes" if the corporation files its tax return on an IRS approved 52/53 week tax year.</p> <p>Line B Check "yes" if the corporation files as part of a unitary group in any other jurisdiction.</p> <p>Line C Check "yes" if the corporation has been found to be unitary by any other jurisdiction regardless of its filing status in that jurisdiction.</p> <p>Line D Check "yes" if the corporation is affiliated with any other business organization not included within this combined return that files business tax returns with this department.</p>
STEP 3 Figure Your Taxes	<p>Line 1 NH COMBINED NET INCOME</p> <p>(a) Enter Combined Net Income from Schedule I, column E, line 28.</p> <p>(b) Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment for business organizations. Examples are a New Hampshire partner's share of partnership activities reported on the partner's federal return (Rev 302.02) or adjustments required under IRC Section 857(b) (2) for real estate investment trusts and IRC Section 852(b) (2) for regulated investment companies. Attach a supporting schedule detailing the amount and type of adjustment(s). Enter any passive activity loss disallowed federally under IRC Section 469. Also enter any amount used to adjust the reported gain or loss on sale of assets which is attributable to an accumulated passive loss. If the total of this adjustment is a negative amount, then show in brackets, e.g. (\$50).</p> <p>(c) Enter the amount of line 1(a) adjusted by line 1(b). If negative, show in brackets, e.g. (\$50). If line 1(c) shows a loss AND there are two or more NH nexus members in the combined group, then the NH net operating loss (NOL) carryforward available for future deduction must be allocated amongst the members of the combined group in accordance with administrative rule Rev 303.04(e). Form DP-131-WE, which provides the allocation format, is no longer required to be filed with the return. However, the carryback and carryforward provisions of RSA 77-A:4, XIII, as well as the allocation and apportionment provisions of Rev 303.04(e), still apply. The loss must be reported on Form DP-132-WE, Combined Net Operating Loss (NOL) Deduction, for the year in which the deduction is claimed.</p> <p>If line 1(c) shows a loss AND there is only one NH nexus member of the combined group (and the combined group did not change during the 3 carryback years), then no allocation of the loss is required. However, the carryback and the carryforward provisions of RSA 77-A:4, XIII still apply. The loss must be reported on Form DP-132-WE, Combined Net Operating Loss (NOL) Deduction, for the year in which the deduction is claimed.</p> <p>The RSA's and administrative rules regarding net operating loss provisions may be obtained by contacting the NH State Library, Government Information and Reference Bureau, 20 Park Street, Concord, New Hampshire 03301, (603) 271-2144.</p> <p>Administrative rules for the Business Enterprise Tax and the Business Profits Tax, as well as NOL sample calculations, are also available through an electronic bulletin board. If you have communications software, call (603) 271-6147. If you do not have access to the electronic bulletin board, or if you have specific questions concerning net operating loss provisions for combined filers please contact the NH Department of Revenue Administration, Audit Division, 61 South Spring Street, PO Box 457, Concord, NH 03302-0457, telephone (603) 271-3400. For hearing or speech impaired individuals, call TDD Access Relay NH 1-800-735-2964.</p> <p>(d) Foreign Dividends [RSA 77-A:3, II(b)] that are from overseas business organization payors must be included in Line 1(a) above in order to be deducted here. This amount must equal the total of column B on Schedule III. Failure to complete page 2 of the return and Schedules II and III could result in the inclusion of dividend income without factor relief or worldwide combination.</p> <p>(e) Line 1(c) adjusted by line 1(d). Show negative amount in brackets, e.g. (\$50).</p> <p>Line 2: ADDITIONS AND DEDUCTIONS</p> <p>(a) Enter the total New Hampshire Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Do not include the New Hampshire Business Enterprise Tax liability in this amount. Attach a schedule of taxes by state.</p>

LINE-BY-LINE INSTRUCTIONS (Continued)

STEP 3
(Continued)

Line 2:

- (b) New Hampshire requires modification of the federal income tax treatment of "Safe Harbor" and other similar leasing transactions. Attach a schedule showing the required adjustments.

Seller/Lessee: Add back the acquisition price of benefits and any rental expense incurred.

Deduct professional costs incurred, interest income included in federal taxable income, depreciation or the ACRS deduction not already deducted in arriving at federal taxable income. The buy-out price shall be deducted from the selling price if there is a binding obligation included in the agreement. If no binding obligation exists, the buy-out price shall be deducted in the year the buy-out is exercised.

Buyer/Lessor: Add back interest expense and depreciation or the ACRS deduction deducted in arriving at federal taxable income. The buy-out price, if any, shall be added back to the purchase price if there is a binding obligation included in the agreement. If no binding obligation exists, the buy-out price shall be added back in the year the buy-out is exercised.

Deduct the acquisition price of benefits, professional costs incurred and rental income included in arriving at federal taxable income.

Refer to RSA 77-A:4-a and Rev 303.01 for additional information.

- (c) **Enter the amount of carryover loss available as shown on line 6 of Form DP-132-WE. Form DP-132-WE must be attached to the return. Refer to the instructions on the reverse side of Form DP-132-WE for the NOL carryover restrictions and allocation provisions.**
- (d) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other **direct** securities of the United States government.
- (e) Enter the amount of the jobs credit [IRC Section 280C(a)] deducted on this year's federal return.
- (f) In the case of a corporation which is the parent of an affiliated group (pursuant to IRC chapter 6), enter the amount of gross dividends paid to the parent by a subsidiary whose gross business profits have already been subject to taxation under RSA 77-A during the same period. Attach a schedule listing the name, FEI number and amount paid by the subsidiary.
- (g) Enter the deduction for any portion of the business organization's gross business profits which is allowed to be excluded pursuant to federal constitutional law. This deduction must be net of any expenses paid or incurred that relate to the excluded income portion. Attach a supporting schedule listing the name, FEI number and amount paid.
- (h) In the case of a corporation which is a participant in a joint venture or a partner in a partnership, enter the amount of distribution from the joint venture or partnership whose gross business profits have already been subject to taxation under RSA 77-A during the same or an overlapping fiscal period. Attach a schedule listing the name, FEI number and amount(s) paid by each joint venture or partnership.
- (i) Enter the amount of gross business profits that is attributable to foreign dividend gross-ups as determined in accordance with IRC Section 78.
- (j) In the case of a business organization which makes qualified research contributions as defined in RSA 77-A:1, X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less.
- (k) Enter a deduction equal to the contribution made to a Qualified Venture Capital Fund during the applicable taxable period.
- (l) Enter an addition equal to any return of capital previously taken as a deduction pursuant to RSA 77-A:4, XVII as a capital contribution to a Qualifying Venture Capital Fund if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted.
- (m) Enter the total of lines 2(a) through 2(l) on line 2(m), showing negative amounts in brackets, e.g. (\$50).

FORM

NH-1120-WE

LINE-BY-LINE INSTRUCTIONS (continued)

**STEP 3
(continued)**

Line 3: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of line 1(e) as adjusted by line 2(m). Showing negative amounts in brackets, e.g. (\$50).

Line 4: NEW HAMPSHIRE APPORTIONMENT

Complete Form DP-80, Schedule A, Apportionment of Income. Enter resulting apportionment on line 4 of your Form NH-1120-WE, expressed as a decimal to six places. Form DP-80 must be attached to Form NH-1120-WE.

Line 5: Enter the product of line 3 multiplied by line 4.

Line 6: Enter the NH foreign dividends taxable business profits from Schedule II, line 7.

Line 7: Enter the sum of line 5 plus line 6.

Line 8: Enter the product of line 7 multiplied by 7%.

**STEP 4
Figure Your
Credits**

Line 9: CREDITS

Enter the amount of credits allowed under RSA 77-A:5. **Form DP-160-WE, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on line 9.**

Line 10: Enter the amount from line 8 less line 9.

Line 11: BUSINESS ENTERPRISE TAX CREDIT

To calculate the BET credit to be applied against this year's BPT, complete the following worksheet:

BET CREDIT WORKSHEET

	Tax year ended / /	Tax year ended / /	Tax year ended / /	Tax year ended / /	Tax year ended / /
A BET Credit Carryforward Amount. *See note below.	<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
B Current year BET Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LESS					
C Current year BPT Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D Enter the amount of line B less line C. IF NEGATIVE, ENTER 0.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E BET Credit available for a deduction this tax year. Sum of line A and line B.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F BET Credit deduction this year. The amount on line F should be entered on line 11 of NH-1120 WE.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G Credit carryforward Amount. Line E less line F. Carry this amount forward and indicate on line A under subsequent year.	<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>

*Note: The line A amount is from line G of the previous year's BET CREDIT WORKSHEET. If this is the initial year of the BET (Tax Years ending on or after 7/1/93) indicate 0.

Line 12: Enter the lesser amount of line 10 or line 11. If line 11 is greater than line 10, then a "Business Enterprise Tax Credit" carryover exists. Any unused portion of the current year's Business Enterprise Tax Credit may be carried forward and allowed against any Business Profits tax due for the next five taxable periods.

Line 13: Enter the amount of line 10 less line 12. IF NEGATIVE, ENTER 0.

ENTER THE AMOUNT FROM LINE 13 ONTO LINE 1 (b) OF THE BUSINESS TAX SUMMARY FORM.

PAGE 2 INSTRUCTIONS

Page 2 of Form NH-1120-WE replaces Form AU-20. Page 2 must be completed in its entirety and submitted with the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev 301.23, other members of the water's edge combined group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified Overseas Business Organizations as defined by RSA 77-A:1.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SUMMARY OF COMBINED NET INCOME

For the CALENDAR year 1997 or other tax year beginning and ending
Mo Day Year Mo Day Year

Principal NH Business Organization	A	B	C	D	E	
FEIN	US Consolidated	LESS: Overseas Business Organizations Included in Column A	LESS: Non-Unitary Corporations Included in Column A	ADD: Unitary Entities Not Included in Column A	Combined Net Income	
1 Gross Receipts or Sales (Less returns & allowances).....1						1
2 Cost of goods sold and/or operations (Complete Schedule IA on reverse side).....2						2
3 Gross Profit (Line 1 less line 2).....3						3
4 Dividends.....4						4
5 Interest.....5						5
6 Gross rents.....6						6
7 Gross royalties.....7						7
8 Capital gain net income.....8						8
9 Net gain or (Loss) from Form 4797.....9						9
10 Other income.....10						10
11 TOTAL INCOME (Lines 3 through 10).....11						11
12 Compensation of Officers.....12						12
13 Salaries and wages (Less jobs credit).....13						13
14 Repairs.....14						14
15 Bad debts.....15						15
16 Rents.....16						16
17 Taxes.....17						17
18 Interest.....18						18
19 Contributions.....19						19
21b Depreciation (Net of depreciation claimed elsewhere on return).....21b						21b
22 Depletion.....22						22
23 Advertising.....23						23
24 Pension, profit-sharing and other similar type plans.....24						24
25 Employee benefit programs.....25						25
26 Other deductions (Attach Schedule).....26						26
27 TOTAL DEDUCTIONS (Total lines 12 through 26).....27						27
28 TAXABLE INCOME before net operating loss deduction and special deductions (Line 11 less line 27).....28						28

(See reverse side for instructions)

This schedule must be completed and submitted for all NH-1120-WE filers that have a Cost of Goods Sold and/or

The amounts on this schedule are the components of the combined Cost of Goods Sold as entered on Schedule

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional section 263A costs (Attach schedule)	4a	
4b	Other costs (Attach schedule)	4b	
5	Total - Add lines 1 through 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations - line 5 less line 6. Enter here and on Schedule I, Column E, line 2	7	

The NH-1120-WE Schedule IA is patterned after the United States Corporation Return Cost of Goods Sold Schedule (Form 11. Schedule A). Therefore, all references and terminology are from the Internal Revenue Service.

The amounts to be entered on NH-1120-WE Schedule IA Cost of Goods Sold and/or Operations are for the New Hampshire con amount on line 7 must be the same as Schedule I, column E, line 2.

NH-1120-WE SCHEDULE I INSTRUCTIONS

Form NH-1120-WE is used for combined filing. Consolidated returns are not permitted. The purpose of Sc calculate the combined net income of the water's edge group.

Column A: US Consolidated - Enter the amounts from page 1 of the US consolidated return of the pri Hampshire business organization, as defined in Rev 301.23.

Column B: Overseas Business Organizations Included in Column A - Enter the total of those busi tions included in the consolidated federal return which qualify as overseas business organ defined by RSA 77-A:1,XIX. These business organizations are included in the NH-1120-V Affiliation Schedule.

Column C: Non-Unitary Corporations Included in Column A - Enter the total of those corporations US consolidated return which are not part of the water's edge combined group, as defined These business organizations are included in part E of the NH-1120-WE, page 2.

Column D: Unitary Entities Not Included in Column A - Enter the total of those business organizati corporations, partnerships, joint ventures, etc., which are part of the water's edge combine not part of the US consolidated tax return reported in column A.

Column E: Combined Net Income - Enter in column E the total of column A less columns B and C, p This total represents the combined net income of the water's edge group. Enter on Form N page 1, line 1(a) the amount from column E, line 28.

Supporting schedules in columnar form must be submitted for amounts in columns A through D which repre one entity, (e.g. the US consolidating schedule prepared for federal purposes would support Column A). TI schedules must show intercompany eliminations as required by Rev. 307.07(c). Gross business profits cal business organizations that are included in a federal consolidated return must reflect the adjustments requi

	EVERYWHERE (Denominator)	NEW HAMPSHIRE (Numerator)	of dec
Line 1 SALES:			
1(a) From DP-80, Schedule A, line 1.....			
1(b) Foreign Dividend Sales Factor Increment per Schedule III.....			
1(c) Adjusted Sales Factor [1(a) plus 1(b)].....			
1(d) Divide 1(c) NH by 1(c) Everywhere.....		1(d)	
1(e) Multiply line 1(d) by 2.....			1(
Line 2 PAYROLL:	EVERYWHERE (Denominator)	NEW HAMPSHIRE (Numerator)	o de
2(a) From DP-80, Schedule A, line 2.....			
2(b) Foreign Dividend Payroll Factor Increment per Schedule III.....			
2(c) Adjusted Payroll Factor [2(a) plus 2(b)].....			2(
Line 3 PROPERTY:	EVERYWHERE (Denominator)	NEW HAMPSHIRE (Numerator)	o de
3(a) From DP-80, Schedule A, line 3.....			
3(b) Foreign Dividend Property Factor Increment per Schedule III.....			
3(c) Adjusted Property Factor [3(a) plus 3(b)].....			3(
Line 4 Total [Add lines 1(e), 2(d), and 3(d)].....			4
Line 5 Modified Apportionment Percentage (Line 4 divided by 4, expressed as a decimal to 6 places. If there are only one or two factors, then see instructions).....			5
Line 6 FOREIGN DIVIDENDS as defined in RSA 77-A:1, XVII (This amount must agree with NH-1120-WE, page 1, line 1(d) and the total of Schedule III, column B.).....			6
Line 7 NEW HAMPSHIRE FOREIGN DIVIDENDS TAXABLE BUSINESS PROFITS (Multiply line 6 by line 5 and enter this amount here and on Form NH-1120-WE, line 6).....			7

(See Reverse Side for Instructions)

STEP 1:

From FORM DP-80, enter the Everywhere and New Hampshire sales, payroll, and proper 2(a), and line 3(a).

STEP 2:

The Foreign Dividend Factor Increments calculated on Schedule III for sales, payroll, and be carried to this schedule as follows:

1. Enter the total of Schedule III, column L on line 1(b).
2. Enter the total of Schedule III, column M on line 2(b).
3. Enter the total of Schedule III, column N on line 3(b).

The New Hampshire amount for Foreign Dividend Factor Increments will always be zero.

STEP 3:

Total the Everywhere and New Hampshire sales (line 1c), payroll (line 2c), and property (line 3c) to obtain denominators and numerators for each. Complete the following calculations, as do DP-80, expressed in decimal form and computed to 6 places.

1. Divide the total NH sales by the total Everywhere sales. Multiply line 1(d) by 2 to arrive at the adjusted sales factor and enter the amount on line 1(e).
2. Divide the total NH payroll by the total Everywhere payroll to arrive at the adjusted payroll factor and enter on line 2(d).
3. Divide the total NH property by the total Everywhere property to arrive at the adjusted property factor and enter on line 3(d).

STEP 4:

Add lines 1(e), 2(d), and 3(d) and enter the result on line 4.

STEP 5:

Divide line 4 by 4. If there are less than 3 factors with an "Everywhere" denominator, then follow the following:

- Sales/Receipts and Payroll- divide by 3
- Sales/Receipts and Property- divide by 3
- Payroll and Property- divide by 2
- Sales/Receipts only- divide by 2
- Property OR Payroll only- divide by 1

Enter the results on line 5. This is the modified apportionment percentage to be applied to foreign dividends.

STEP 6:

Enter the amount of taxable foreign dividends on line 6. This amount must agree with NH-1120-WE, page 1, line 1(d) and the total of Schedule III, column B.

STEP 7:

Multiply line 6 by the modified apportionment percentage on line 5. This is the NH Foreign Taxable Business Profits. Enter this amount on line 7 and also on NH-1120-WE, page 1, line 7.

FORM

NH-1120-WE

Schedule III

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

FOREIGN DIVIDEND FACTOR INCREMENTS

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
----	-----	------

 and ending

Mo	Day	Year
----	-----	------

Column A	B	C	D	E	F
NAME OF PAYOR	DIVIDEND	TAXABLE INCOME	PERCENTAGE (B ÷ C)	SALES AND RECEIPTS	PAYROLL
1					
2					
3					
4					
5					
6					
7					
8					
TOTAL					

Column G	H	I	J	K	L	M	N
Beginning Property	Ending Property	Average Property (G + H) ÷ 2	Rents x 8	Total Property (I + J)	Modified Sales (D x E)	Modified Payroll (D x F)	Modified Property (D x K)
1							
2							
3							
4							
5							
6							
7							
8							
TOTALS [Carry total modified factor amounts to Schedule II, Line 1(b), 2(b) and 3(b)]							

from:

NH 80/20 business organization, which is defined in Rev 301.11 as an entity whose income is US tax return but whose activities are primarily outside the US because 80 percent or more of **payroll** and **property** is outside the 50 states and the District of Columbia.

Controlled foreign corporations (CFC) that meet the payroll **and** property requirements of an overseas business organization as defined in RSA 77-A:1, XIX.

IRC Section 936 Sales Companies that meet the payroll **and** property requirements of an overseas organization.

Foreign sales corporation (FSC) that meet the payroll **and** property requirements of an overseas organization.

Business organizations meeting the payroll **and** property requirements of an overseas business organization which made deemed dividends to a member of the unitary group.

FOR EACH UNITARY DIVIDEND PAYOR LISTED ABOVE, PROVIDE THE FOLLOWING INFORMATION IN US DOLLARS:

- Column B:** Enter the amount of the dividend paid or deemed paid.
- Column C:** Enter the taxable income computed using US tax standards.
- Column D:** Enter the result of column B divided by column C, expressed as decimal to 6 places. If this amount is greater than 1, enter 1.000000. If this amount is less than 0, enter 0.
- Column E:** Enter the sales and receipts less returns and allowances pursuant to RSA 77-A:3, I(c). Refer to Rev 304.03.
- Column F:** Enter the total payroll pursuant to RSA 77-A:3, I(b). Refer to Rev 304.03.
- Column G & H:** Enter the beginning and ending property valued at original cost pursuant to RSA 77-A:3, I(a). Refer to Rev 304.02.
- Column I:** Enter the results of the sum of column G and column H divided by the number 2.
- Column J:** Enter the valuation of rented property valued at 8 times the net annual rental rate pursuant to RSA 77-A:3, I(c). Refer to Rev 304.02(c).
- Column K:** Enter the total of columns I and J.
- Column L, M, & N:** Enter the product of column D times columns E, F, and K, respectively.

The total of columns L, M, and N will be used on Schedules II, lines 1(b), 2(b), and 3(b) to modify the apportionment percentage used to determine the amount of foreign dividends from unitary sources for New Hampshire Business Profits Tax.

USE ADDITIONAL SHEETS IF NECESSARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SCHEDULE OF BUSINESS PROFITS TAX CREDITS
FOR COMBINED GROUPS
RSA 77-A:5

SEQUENCE # 8

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
----	-----	------

 and ending

Mo	Day	Year
----	-----	------

NAME	FEDERAL IDENTIFICATION/SOCIAL SECURITY NUMBER
------	---

1 Taxes paid pursuant to RSA 83-C Franchise Tax on Public Utilities	1	<table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
2 Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies	2	<table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
3 Bank Franchise Tax Credit (See instructions)	3	<table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
4 Community Development Finance Authority Credit for contributions made or pledged prior to 7/1/94	4	<table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
5 Total Credits allowable pursuant to RSA 77-A:5 (Enter the sum of lines 1, 2, 3 and 4)	5	<table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
6 Total NH Business Profits Tax	6	<table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
7 Total amount of allowable credits (Enter the lesser of line 5 or line 6)	7	<table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		

Total amount of these credits shall not exceed the tax due under RSA 77-A.

APPLICATION OF CREDITS :

Credits claimed on lines 1 through 4 shall apply against the business profits tax liability of the individual member of the water's edge combined group. Rev 306.07 provides the calculation to determine the individual member's portion of the total tax liability based on each member's activity within New Hampshire.

EXCESS CREDITS FOR TAXES PAID RSA 400-A:

For taxes paid under RSA 400-A, if the individual member's credit exceeds such member's portion of the total tax liability using the Rev 306.07 calculation, then the excess credit shall be allowed as a credit against any other member's tax liability provided such other member is also subject to the tax imposed by RSA 400-A.

SEPARATE SCHEDULES :

A separate schedule must be filed with Form DP-160-WE when a combined filer claims any credit on lines 1 through 4 AND more than one member of the combined group is subject to the business profits tax. This separate schedule must show the Rev 306.07 calculation and application of the credit.

CREDIT FOR TAXES PAID UNDER RSA 83-C OR RSA 400-A:

If the tax period for the business profits tax is different from that for the creditable taxes, then the business organization shall be allowed the credit for the tax period that ends within the tax period for business profits tax purposes.

SEE REVERSE SIDE FOR LINE-BY-LINE INSTRUCTIONS

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SCHEDULE OF BUSINESS PROFITS TAX CREDITS FOR COMBINED GROUPS

WHEN TO USE THIS SCHEDULE: Use Form DP-160-WE Schedule CR to report credits taken pursuant to RSA 77-A:5.

Line 1 Enter the total amount of taxes paid during this tax year pursuant to RSA 83-C, Franchise Tax on Public Utilities.

Line 2 Enter the total amount of taxes paid pursuant to RSA 400-A, Taxation of Insurance Companies.

Line 3 **The Bank Franchise Tax Credit** is available for the bank taxes that were paid for the tax year ending March 31, 1993 by any business organization which had a taxable period for purposes of the Business Profits Tax ending between July 1, 1993 and December 31, 1993. However, the aggregate amount of credits allowed cannot exceed the total Business Profits Tax due for the applicable period between July 1, 1993 and December 31, 1993. Up to 25% of the bank franchise taxes paid for the tax year ending March 31, 1993 will be allowed as a credit for each taxable period ending between July 1 and December 31, in the years 1995 through 1998.

Line 4 **Community Development Finance Authority Credit, per RSA 162-L and RSA 77-A:5, V. Contributions must be made or pledged prior to 7/1/94.**

4(a) Community Development Authority Credit for this year: \$ _____

4(b) Community Development Credit from prior year: \$ _____

Total of 4(a) plus 4(b), not to exceed \$200,000 \$ _____ Enter on line 4.

If any portion of the CDFA credit is claimed on line 6 of the BET return, or claimed as a credit against the NH Insurance Premium Tax, then the combined total of the CDFA credit shall not exceed \$200,000 in any given tax year.

Line 5 Enter the sum of lines 1, 2, 3 and 4.

Line 6 Enter the amount of NH Business Profits Tax as computed on Form NH-1120-WE.

Line 7 Enter the lesser amount of line 5 **or** line 6. This is the total amount of statutory credits allowed under RSA 77-A:5. Enter this amount on the line "CREDITS ALLOWED UNDER RSA 77-A:5" on your NH Business Profits Tax return.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX APPORTIONMENT

SEQUENCE #5

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
----	-----	------

 and ending

Mo	Day	Year
----	-----	------

NAME	FEDERAL IDENTIFICATION/SOCIAL SECURITY NUMBER
------	---

(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Sales/Receipts Factor
------------------------------------	-------------------------------------	------------------------------

1 SALES/RECEIPTS FACTOR: 1(a) \$ 1(b) \$
 1(c) Divide 1(b) by 1(a) = x 2 (Express as a decimal to 6 places) 1(c)

(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Payroll Factor
------------------------------------	-------------------------------------	-----------------------

2 PAYROLL FACTOR: 2(a) \$ 2(b) \$
 2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places) 2(c)

3 PROPERTY FACTOR:

(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)
------------------------------------	-------------------------------------

	Beginning of Period	End of Period		Beginning of Period	End of Period
--	---------------------	---------------	--	---------------------	---------------

Inventory Buildings Furniture & Fixtures Leasehold Improvements Land Other Tangible Assets Sub Totals Average of Sub Totals Rented Property (annual rate x 8) Total Property Everywhere 3(a)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table>										<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table>										Inventory Buildings Furniture & Fixtures Leasehold Improvements Land Other Tangible Assets Sub Totals Average of Sub Totals Rented Property (annual rate x 8) Total NH Property 3(b)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table>										<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table>									

3(c) Divide 3(b) by 3(a) (Express as a decimal to 6 places) 3(c)

4 TOTAL OF LINES 1(c), 2(c) and 3(c) 4

5 NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places.....5
 If there are only one or two factors with an "Everywhere" denominator, see instructions.

ADDITIONAL INFORMATION

Principal business activity in New Hampshire: _____

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc. (Attach a list if more space is required)

Year first NH return filed: 19 ____ Year registered with NH Secretary of State: 19 ____ State of incorporation (2-letter ID): ____
 City, State and Country where records are located _____

CITY/TOWN
STATE
COUNTRY

Business locations outside New Hampshire. (Attach a list if more space is required)

Location City and State	Indicate whether factory, sales office, warehouse, construction site, etc.	Answer Yes or No		
		Registered to do business in state where located?	Files returns in state where located?	Apportion sales, payroll and/or property in state where located?

GENERAL INSTRUCTIONS

Instructions

WHO MUST APPORTION: A business organization must apportion its income if:

- Its business activities are conducted both within and without New Hampshire, **AND**
- The business organization is subject to a net income tax, a franchise tax based upon net income or a capital stock tax whether or not actually imposed by the other state. See RSA 77-A:3.

INCOME SUBJECT TO APPORTIONMENT: The Business Profits Tax law, RSA 77-A, does not contain a provision differentiating between business and non-business income. All income constitutes business income subject to apportionment unless specifically excluded by RSA 77-A.

EFFECTIVE DATE OF WEIGHTED SALES FACTOR: The weighted Sales/Receipts Factor, as computed on line 1(c), is only applicable to taxable periods ending ON OR AFTER JULY 1, 1994. **If your taxable period ends before July 1, 1994, then do not use this form.** Please call (603) 271-2192 for the correct form.

SPECIFIC QUESTIONS REGARDING APPORTIONMENT: Questions regarding apportionment of income under the New Hampshire Business Profits Tax should be directed to: New Hampshire Department of Revenue Administration, Audit Division, PO Box 457, Concord, New Hampshire 03302-0457, (603) 271-3400.

For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

LINE-BY-LINE INSTRUCTIONS

For each line 1, 2, and 3 show in (a) the dollar amount attributable to the water's edge combined group's "EVERYWHERE" (the denominator) and show in (b) the dollar amount attributable to "NEW HAMPSHIRE" (the numerator).

LINE 1 — SALES/RECEIPTS FACTOR: The sales/receipts factor includes:

- sales, less returns and allowances,
- interest, rents and royalties,
- dividends which are not eligible for the dividend deduction under RSA 77-A:4, IV or the factor relief provision of RSA 77-A:3, II(b),
- capital gain net income,
- net gains or losses, and
- other income unless the item is properly included as a reduction of an expense or allowance.

Business organizations included in a combined group must eliminate all intercompany transactions with other members of the unitary group for both the numerator and the denominator of the sales/receipts factor.

Enter Everywhere sales in 1(a). Enter NH sales in 1(b). Divide 1(b) by 1(a). Multiply the result by 2. Enter the product in 1(c).

LINE 2 — PAYROLL FACTOR: The payroll factor is the total compensation consisting of wages, salaries, commissions and other forms of remuneration paid during the tax period to employees for personal services. Employee benefits should not be included in the payroll factor.

Business organizations included in a combined group must eliminate all intercompany payments for the use of another group member's employees. Only the compensation actually paid to the employee shall be includible.

Enter Everywhere payroll in 2(a). Enter NH payroll in 2(b). Divide 2(b) by 2(a) and enter the result in 2(c).

LINE 3 — PROPERTY FACTOR: The property factor includes all real and tangible personal property owned, rented and employed by the business organization during the tax period in the regular course of its trade or business. Leasehold improvements are treated as property owned by the business organization. Other tangible assets should be listed separately under 3(a) and 3(b).

"Real and tangible personal property" includes land, buildings, improvements, equipment, merchandise or manufacturing inventories, leasehold improvements and other similar property that reflects the organization's business activities. Property shall be included in the property factor if it is actually used or is available for or capable of being used during the tax period in the regular course of the trade or business of the organization. Property or equipment under construction during the tax period, except inventoriable goods in process, shall be excluded from the factor until such property is actually used or available for use by the business organization in its regular trade or business.

Valuation of Owned Property: Property owned by the business organization must be valued at its original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition, prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment, etc. Inventory is included in the property factor in accordance with the valuation method used for federal income tax purposes.

Valuation of Rented Property: Property rented by a business organization is valued at **8 times** the net annual rate.

Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property factor. Where fluctuations in values exist during the period or where property is acquired or disposed of during the period, a monthly average shall be used to prevent distortions. "Beginning of Period" means the start of the tax period or when the assets are available for use.

Business organizations included in a combined group shall determine the property includible in the property factor after having eliminated all intercompany activity. Intercompany profits included in inventory, realty, equipment and other similar items shall be eliminated from the valuation of property included in the factor.

Enter Everywhere property in 3(a). Enter NH property in 3(b). Divide 3(b) by 3(a) and enter the result in 3(c).

LINE 4 — Enter the total of lines 1(c), 2(c) and 3(c).

LINE 5 — NEW HAMPSHIRE APPORTIONMENT: Enter the result of line 4 divided by 4. Express as a decimal to six places. **If there are less than three factors with an "EVERYWHERE" denominator, then divide line 4 as follows:**

- Sales/Receipts and Payroll — divide by 3
- Sales/Receipts and Property — divide by 3
- Payroll and Property — divide by 2
- Sales/Receipts only — divide by 2
- Property OR Payroll only — divide by 1

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
COMBINED NET OPERATING LOSS (NOL) DEDUCTION

WHEN TO USE THIS FORM	Use this form to detail the Net Operating Loss Carryforward amounts included in the current tax year net operating loss deduction taken on NH-1120-WE.
------------------------------	---

For the CALENDAR year 1997 or other tax year beginning

Mo	Day	Year
----	-----	------

 and ending

Mo	Day	Year
----	-----	------

Principal NH Business Organization	Federal Identification Number
------------------------------------	-------------------------------

	(A) Ending date of tax year in which NOL occurred from Form RP-131 or DP-131-WE as apportioned.	(B) NOL amount available for five year carryforward period from Form RP-131, line 10 or DP-131-WE as apportioned.	(C) Amount of NOL carryforward which has been used in tax years prior to this year.	(D) Amount of NOL to be used as a deduction this tax year.	(E) Amount of NOL to carryforward in future years.																																																										
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6. Amount of NOL Carryforward deducted this tax year (total of Column D).....

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This is the amount to be reported on NH-1120-WE.

NOTE: Column B less column C should equal the sum of Column D plus Column E

Use additional forms DP-132-WE if you have NOL carryforward deduction(s) from more than three entities.

If there are more than three NH nexus members of the combined group, then attach additional forms DP

Enter in **Column A** the month, day, and year of each tax year from which the NOL is being carried forward.

Enter in **Column B** the amount of the NOL which is available for carryforward purposes. Per RSA 77-A:4, carryforward amount is computed by first carrying the loss back three years and then offsetting the loss by profits during those 3 years. (However, no NOL deduction is allowed in those carryback years.) If there is more than one NH nexus member of the combined group, then the carryback loss must be allocated in accordance with the NH administrative rules, Rev 303.04(e) or Rev. 303.04 (f).

If a loss remains after carryback, offset and allocation (if any), then the remaining loss must be apportioned among the members of the combined group in proportion to their respective percentage of the loss year. The apportionment loss cannot exceed \$250,000 for each member of the combined group.

Enter in **Column C** the NOL amount that was claimed as a deduction in a prior year(s).

Enter in **Column D** only those amounts that will be claimed as a deduction this tax year.

Enter in **Column E** the excess amount(s) available for future deduction.

The RSA's and administrative rules regarding net operating loss provisions may be obtained by contacting the State Library, Government Information and Reference Bureau, 20 Park Street, New Hampshire 03301, (603) 281-2200.

Administrative rules for the Business Enterprise Tax and the Business Profits Tax, along with NOL sample forms, are also available through an electronic bulletin board. If you have communications software, call (603) 281-2200. If you do not have access to the electronic bulletin board, or if you have specific questions concerning net operating loss provisions for combined filers, please contact the NH Department of Revenue Administration, Audit Division, 61 South Spring Street, NH 03302-0457, telephone (603)271-3400. For hearing or speech impaired individuals, call TDD Access Relay NH 1-800-735-2964.

1 Who Must Pay Estimated Tax

Every corporation required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax, is less than \$200. However, if at the end of any quarter the estimated tax exceeds \$200, an estimate payment must be made. (See paragraph 6 for exceptions).

2 Where to Mail Payments

Mail estimated tax payment to:
Document Processing Division
PO Box 637
Concord, NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 1997
2nd quarterly payment due June 16, 1997
3rd quarterly payment due September 15, 1997
4th quarterly payment due December 15, 1997

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th, and 12th month following the close of your fiscal year.
FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE VOUCHER.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO: STATE OF NEW HAMPSHIRE.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty. This penalty will not be imposed if any of the statutory exceptions apply.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, please call the forms line at (603) 271-2192.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 637, Concord, N.H. 03302-0637. Telephone (603) 271-2186. For hearing or speech impaired individuals call TDD Access: Relay NH 1-800-735-2964.

BUSINESS TAX – CORPORATION

1997 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment.....		
b Gross Business Profits Tax After Apportionment.....		
2 TAX		
a [line 1(a) x .0025].....		
b [line 1(b) x 7%].....		
3 CREDITS		
a RSA 162-L:8, CDFA.....		
b RSA 77-A:5 (Please be sure to include the BET Credit).....		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)].....		
5 Overpayment from last year.....		
6 Balance of Business Taxes Due (line 4 less line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment BET (1/4 of appropriate line 6) BPT		Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$	\$	\$	April 15, 1997
2.....	\$	\$	\$	June 16, 1997
3.....	\$	\$	\$	Sept. 15, 1997
4.....	\$	\$	\$	Dec. 15, 1997

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS PROFITS TAX- 1997

For the CALENDAR year **1997** or other tax year beginning _____ and ending _____

OFFICE USE ONLY	NAME OF CORPORATION	FEDERAL IDENTIFICATION NUMBER
	NUMBER AND STREET ADDRESS	
	CITY OR TOWN, STATE AND ZIP CODE	
	Business Enterprise Tax 1 <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Business Profits Tax 2 <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	
AMOUNT OF THIS PAYMENT 3		<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>

MAIL TO: DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your payment with this estimate.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS PROFITS TAX- 1997

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
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 and ending

Mo	Day	Year
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OFFICE USE ONLY	Please Print or Type	NAME OF CORPORATION	FEDERAL IDENTIFICATION NUMBER	
		NUMBER AND STREET ADDRESS		
		CITY OR TOWN, STATE AND ZIP CODE		

MAIL TO: DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

Business Enterprise Tax	1	
Business Profits Tax	2	

AMOUNT OF THIS PAYMENT 3

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*Make check payable to: **STATE OF NEW HAMPSHIRE**
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(Cut along this line)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS PROFITS TAX- 1997

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
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 and ending

Mo	Day	Year
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OFFICE USE ONLY	Please Print or Type	NAME OF CORPORATION	FEDERAL IDENTIFICATION NUMBER	
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		CITY OR TOWN, STATE AND ZIP CODE		

MAIL TO: DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

Business Enterprise Tax	1	
Business Profits Tax	2	

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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS PROFITS TAX- 1997

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
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 and ending

Mo	Day	Year
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